## TENTH

## ANNUAL BEPERT

OF THE

### DIRECTORS AND PHYSICIAN

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JAMES MURRAY'S

Royal

# ASYLUM FOR LUNATICS.

1837.

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#### TENTH ANNUAL REPORT

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## DIRECTORS AND PHYSICIAN

OF

# JAMES MURRAY'S Royal Asylum for Lunatics.

JUNE 1837.

TEN years have now nearly elapsed since this Institution came into existence, and, until this past year, it has ever been in the power of the Directors and Physician to congratulate the community upon a degree of uninterrupted success which has attended every department. The new addition to the Asylum had just been finished, and every thing rendered as complete and comfortable as could have been desired, when, on the 9th of May last, a calamity of a very serious kind befel the building. About mid-day, a fire was discovered in its roof, which burst forth with

such rapidity, that, in spite of every exertion which could be made, and of all the assistance which could be obtained from Perth and the neighbourhood, it could not be got extinguished until the roof and upper flat of the building were entirely destroyed. Directors and Physician are happy to say, however, that the other parts of the edifice were preserved; that all the Patients were got comfortably provided for; that such of them as were temporarily removed to the Depôt, (the use of which was in the kindest manner granted by Colonel Gilmour,) were again speedily accommodated in the Asylum; and that arrangements have been made so as that every thing will be conducted as before. Fortunately, the Directors had effected insurances by which the whole building and furniture were protected, and, therefore, the loss which has occurred has fallen upon the Insurance Offices. It will be right for the Directors, however, to consider whether, since they are building at any rate, it may not be wise to execute such improvements as naturally suggest themselves by the recent event. There is one improvement which appears to the Directors more especially to demand their serious attention. The two lower flats of the building are fire-proof, and, but for this circumstance, in all human probability, the

whole Asylum would have been reduced to a mass of ruin, but, in consequence of the fire-proof roofs, it was rendered possible to confine the burning to the upper flat, which unfortunately was not fire-proof. The Directors have, therefore, called the attention of Mr. Burn, Architect, to this very desirable improvement; and although it may cost the Institution some additional expense, it is their opinion that such is the additional safety thereby obtained—more particularly to the Patients—that it will be well-spent money.

give an account, so far as in their power, of the causes from which this fire originated. They appointed a Committee of their number to investigate the matter, lest, by any possibility, it might have originated in carelessness or inattention on the part of the officers or servants of the Institution. The rumours, indeed, which were afloat did lead to this conclusion. It was said that the usual practice of cleaning the vents was by setting them on fire; and, it was alleged that, in consequence of this practice having been resorted to on the morning of the fire, it owed its origin to that circumstance. The Directors, however, are happy to say, that their Committee have been enabled flatly to

contradict that statement. The result of the investigation which has been made has shown that no such practice prevails at the Asylum,—that it is very doubtful whether any vent was on fire at all on the morning in question—and that, at all events, the conflagration did not originate from that circumstance. The Directors, however, while they are enabled to speak confidently as to how this calamity did not happen, are only enabled to form a conjecture as to how it did occur; and, from all the investigation they have been able to make, they are rather inclined to concur in the opinion expressed by Mr. Burn, which they shall quote in his own words:—"Having, as I think, satisfactorily proved that the fire was not connected with, or attributable to, any defect in the building or mismanagement of the flues, I shall proceed to detail what, in my opinion, was the cause of this sad calamity, and the evidence of which you will obtain from the plumbers employed,—the housekeeper who gave them candles,—and the servants who saw them proceeding to their work.

"On the evening before the fire, the plumbers were engaged within the roof examining or rectifying some defects in the water-pipes, which proceed in every

direction from the large cisterns situated in that quarter for the general supply of the building; and, as they were occupied there for a considerable period of time, and had not less than three or four candles burning, and no candlesticks, I have no doubt they either left one burning, or, while attached to some of the scantlings of the roof or other wood work, (the invariable method employed by them to fix a candle when performing a piece of work,) it had imperceptibly reached the timber, and left the nucleus from which the whole calamity proceeded; and I am the more persuaded of the probability, if not absolute certainty, in the correctness of this conclusion, when I consider the place in which the men were employed, and the period of the following day when the fire burst forth with such overwhelming violence; but, to explain this, it may be necessary to state, that the large cistern and pipes where the plumbers were principally employed were near to the centre of the building, and the ventilator, where the fire broke forth, was at the extremity of the north wing, or nearly one hundred feet distant; and, if you attend to the fact, that the current of air within the roof (from the hot air stoves not being in operation) was dull and sluggish, and that, from the closeness of the slate-

boarding and slater-work, no material accession of external air could be obtained, you at once arrive at the solution of the two material facts—the time at which the fire may have commenced, and that at which it burst forth; because it had no possible means of rising beyond its smouldering, yet progressive, movement in the direction of the ventilator, until it reached that fatal point; and, having free vent to the open air, it then burst forth with fearful violence, and the whole roof at the same instant displaying that no part was free from its influence; a fact absolutely inexplicable, unless under the circumstances to which I have referred, but rendered still more conclusive by the consideration that, under so closely constructed a roof, and the space the fire had to travel before it found a vent, it was next to impossible that it could have reached the height which its first appearance exhibited under a shorter space of time than from twelve to twenty hours after its commencement; and, so completely satisfied do I feel, from all that I could learn on the spot, that to this cause alone the fire is to be attributed, that I have neither difficulty nor hesitation in submitting such conclusion to the Directors as the deliberate conviction of my mind." But, in whatever way this unfortunate event did

happen, the Directors are firmly satisfied that it was the result of the merest accident, and that no blame is attachable to the officers and servants of the Institution. None of them were absent, but every one at his post; and the Directors conceive that they are entitled to their warmest thanks for the vigilance and attention which they were necessarily called on to exercise under the new and alarming circumstances in which they were placed.

The Directors have had the satisfaction of hearing from the Architect that the building will be restored to its original condition in the course of twelve months; and the Directors and Physician are happy that the accident which they have just detailed, though naturally alarming to the relatives of the Patients, has, by all of them, been regarded as one of those events to which all Institutions, however well conducted, are liable; and, as a proof of the continued confidence in the Institution, not one of them has been removed, while, since the fire happened, no less than four patients have been admitted.

The Directors will now turn to another and a more enlivening subject—that of detailing the proceedings

for the past year. It will be seen from last Report that, at that date, there remained in the Asylum one hundred Patients-fifty-three males and forty-seven females. In the course of the year which has elapsed there have been admitted thirty-eight Patients-consisting of twenty-four males and fourteen females; while there have been dismissed, cured, seven males and ten females;—removed by their friends, more or less recovered, eleven;—and there have died six Patients—thereby leaving in the House, at this date, one hundred and four Patients. It is almost unnecessary to remark that this statement affords a very favourable view of the success of the Institution; and the Directors are happy to think, that, from the various statements which will now be submitted to the Board by the Physician as to the number of Patients who have been received into the Institution from its commencement to the present date (a period of ten years,) the happiest possible results have been exemplified. The Physician having so often reported his proceedings to the Directors of the Asylum, and detailed his views of the mode of treating insanity, together with the result of his practice, both favourable and unfavourable, it follows, as a matter of course, that he can now have very little

nearly exhausted; but, this being the tenth year since the opening of the Asylum, he has thought it proper to present, in the following series of Tables, a statistical view of the whole proceedings of the House in his own department, and, for the sake of perspicuity, this shall be done in a series of Tables, which will bring it more into view.

TABLE FIRST.

Admissions.

	1827	1828	1829	1830	1831	1832	1833	1834	1835	1836	Total.
Men Women		17 7	15 12	11 16	16 14	15 10	21 10	9 11	17 15	22 13	171 121
Total	41	24	27	27	30	25	31	20	32	35	292

From the above Table it will be seen that the number of admissions to the Asylum is gradually increasing, and that the number for this last year exceeds any other previous to it.

#### TABLE SECOND.

Seasons of Admissions.	Spring three Summer Autumn Winter	months, ditto. ditto. ditto.	63 87 85 57	{ Total, 292
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TABLE THIRD.

Table of Admissions relative to Ages.

Ages.	Sex.			Ages.	Sex.		
Under 20 Years old.	M	11	0	From 50 to 55	M	10	C
From 20 to 25	W M	31	8	From 55 to 60	W M	9	6
From 25 to 30	W M	30	14	From 60 to 65	WM	4	13
From 30 to 35	W M	9	25	From 65 to 70	W	6	4
	W		6		W		2
From 35 to 40	W	26	11	From 70 to 75	W	1	Q
From 40 to 45	MW	20	16		-	171	121
From 45 to 50	M	14		n	la An l		
From 35 to 40 From 40 to 45	W M W M W	26 20		From 70 to 75	W M	1 171	0

A comparison of the foregoing table shews—1st, That the maximum of admissions takes place between 25 and 30 years:—2d, That the next greatest number is from 20 to 25, and that these two points comprise more than a third of all the admissions:—3rd, That the admissions of men are more numerous than women, viz. 171 to 121, or upwards of a third:—4th, That the greatest number of men admitted is between the ages of 20 and 25, whilst of women it is between 25 and 30; from which it is to be concluded that insanity attacks men more early than women, as has been stated by Esquirol, in his Treatise on that subject: From 50 to 60, madness is rather less frequent. These results are true as regards the absolute number of admissions, but, on comparing them with the whole

population of each age, the Physician of the Asylum is of opinion, that with the progress of age the intellectual faculties are weakened or extinguished.

TABLE FOURTH.

Admissions relative to Ages and Sexes, classed according to their frequency.

Men.		Women.	
From 20 to 25 Years.	31	From 25 to 30 Years.	25
25 to 30	30	40 to 45	16
35 to 40	26	45 to 50	16
40 to 45	20	20 to 25	14
45 to 50	14	55 to 60	13
Under 20 Years.	11	35 to 40	11
From 50 to 55 Years.	10	Under 20 Years.	8 6
30 to 35	9	From 30 to 35 Years,	6
55 to 60	9	50 to 55	6
65 to 70	6	60 to 65	4
60 to 65	4	<b>65</b> to <b>7</b> 0	2
70 to 75	1	70 to 75	0
			-
	171		121

TABLE FIFTH.

Admissions relative to the Civil condition.

Unmarried,	Men 124 34 13	Women 76 37 8
Total of Men, . Ditto of Women,	171 121 Total,	292

It follows from this Table,—1st, That the un-

married insane are in proportion to the married, 200 to 71, or as 4 to 1.42; and that the unmarried men are to the women as ten to six.—2nd, That the married insane are to the admissions as one to four; and that there is very little difference in number between the men and women of this denomination.—3rd, That widows and widowers are but 1-14th of the whole, and that widowers are to widows as  $1\frac{1}{2}$  to 1.

#### TABLE SIXTH.

#### Cures.

Winter three Months, Spring do. do. Summer do. do. Autumn do, do.	٠			•	21 19 28 27
		То	tal,		95

From the foregoing Table it will be seen that nearly one-third of the patients received into the house have been dismissed cured, and this in the average of patients of all denominations, including idiots from birth, Epileptics and Paralytics, (who, by all medical men acquainted with insanity, are deemed incurables), besides several who were admitted in articulo mortis, and who either died on the day of admission, or in a very few days after.

It is further to be observed, that, from the horror

prevailing in Scotland at the name of a madhouse, no person is ever sent to the Asylum on the first accession of the malady, but is treated at home, bled, and almost reduced to a dying state, before his friends think of bringing him here. This places the Physician of an Asylum in a much worse position as to the chance or probability of a cure than would appear to be the case on the first view of the subject.

#### TABLE SEVENTH.

#### Deaths.

Winter three Spring do. Summer do. Autumn do.	Months, do. do. do.		٠	•	•	8 8 6 7
				 Cot	al	 29

There have been in all, 29 deaths, or one in ten, and this table includes all who have died, even those who did not live 24 hours after admission. When it is considered that every person admitted into the Asylum may be said to be labouring under bodily disease, the proportion of deaths is by no means great.

Every day's experience convinces the Directors and Physician that nothing is more prejudicial (they had almost said sinful) in the relatives of patients, than, by the exercise of a false delicacy, to delay seeking that

relief which can only be found in such an Institution as that over which they preside, and the delay in seeking which, is too frequently attended with consequences which are the more lamentable, seeing that they are irremediable. Most direful indeed are the consequences frequently arising from this neglect, and this false delicacy on the part of the patients' friends, in not applying for proper assistance before the malady gets completely fixed. The first symptoms of mental derangement in many instances may be compared to the temper of a spoiled child. At first, the child, from having its whims and caprices immediately granted, by degrees sets no bounds to them, and becomes irritable and ungovernable, and the fond parent discovers, when too late, that a different line of treatment might have prevented it. Such has been the case in many instances which have come under the observation of the Directors and Physician. Perhaps, it will not be out of place to allude to some of them.

A young gentleman, at present in the House, for two or three years past had shown symptoms of great obstinacy. His parents, who had been in the habit of indulging and reasoning with him, at first had no conception that the unfortunate malady which followed was

germinating in the system, and still hoped, as he advanced to the years of puberty, that his own good sense, aided by their admonitions, would overcome the extreme irritability of his temper; but, alas! these fond anticipations were doomed to be frustrated. On reaching his sixteenth year, the complaint, which had, as it were, been fructifying, broke through all restraint. He became furious and suspicious, beat the servants, and became completely unmanageable. His parents, struck with consternation, applied for medical advice. The consequence was, a recommendation to place him in this Institution. His friends, as a last resource, adopted it. On first entering the Asylum, he was very obstinate, and uttered tirades of abuse against his father who accompanied him. He fancied he heard strange sounds, and that different people called him by name. The consequence was, continual irritability, and want of sleep at night. To counteract this, he was put to sleep in a room with the windows closed with thick shutters, and compelled to work in the garden daily. The great benefit to be derived from out-door work was strongly exemplified in this case, for it is evident had this young gentleman been allowed to remain at home amidst all the causes of excitement, and where it was not possible any restraint

could effectually be put on his irritability and vagaries, he would have become, most undoubtedly, a lost member to society. When first sent out to work, he showed considerable reluctance to exert himself, and it was only by perseverance that he was induced to employ himself. This plan was steadily adhered to, and, in a short time, favourable symptoms began to manifest themselves. Instead of walking about, looking gloomy and discontented, he took to reading, and joined cheerfully in the dances which frequently take place among the patients. He also employed himself cheerfully in the flower garden every succeeding day, being, as it were, a step towards convalescence. His natural temper and disposition appear altogether different. The Physician and Superintendent, who both felt a strong interest in his case, consulted together, and consented to allow him, according to his own request, to take a walk in the neighbourhood alone. This, and the constant employment, have had the best effect. He is now convalescent.

There is a strange peculiarity observed in another patient. Although perfectly able to converse on common topics, he fancies he has lost his mouth, and, before he commences eating, he is some time occupied in en-

deavouring to open it with his fingers. At length, after many efforts, he contrives to get it open; he then eats rapidly, for fear, as he says, it should close up again. His children called lately to see him. He at once recognised them, but said they had grown much less than when he saw them last. He also imagines that other people change their countenances, and thinks they are different individuals altogether. When fancies like these get firmly fixed, the patient rarely or never recovers.

There is another man who fancies he is going to die. He thinks the Superintendent has power of life and death. Hardly a day passes but the patient addresses him with a most rueful countenance, and says, "Master, am I to live a little longer?" Upon being assured he will, he becomes quite cheerful during that day, but, if any thing happens to prevent him asking the following day, he becomes exceedingly sour and melancholy. It is the same as regards his sleep. Unless he asks the Superintendent if he will allow him to have some sleep, he is sure to pass a very bad night.

The Directors and Physician might particularize

many of the cases which are deserving of notice, and, indeed, the wonder is, that scarcely any two of them are altogether the same. Here you have the man of wealth fancying himself as poor as a beggar—there the man whom misfortune has left without a shilling, supposing himself oppressed with riches. Yet all of these must be humoured, so far as can prudently be done in their various fancies. Anything like an attempt to reason with a madman while labouring under the virulence of the disease, would be worse than ridiculous. A cure must be effected by slow, gradual, and almost imperceptible degrees; and the Directors are happy to think how many this Institution has been the means of restoring to their country and to their friends, from a state of the utmost helplessness and misery, to one of cheerfulness and comfort.

In conclusion, the Directors have to express their warmest thanks to the Physician for his able and attentive care of the patients, as well as to the Superintendent and Matron for their excellent management during the past year; and they are happy to say, that all the officers and servants of the establishment have, during the same period, conducted themselves with the utmost propriety.

## TABLE FIRST.

	MALES.	FEMALES.	TOTAL.
Number of Patients remaining in the Asylum on the 13th June 1836, Number of Patients admitted from	<b>5</b> 3	47	100
13th June 1836, to 12th June 1837,	24	14	38
	77	61	138

## TABLE SECOND.

	MALES.	FEMALES.	TOTAL.
Cured from 13th June 1836, to 12th June 1837, Removed by their Friends, Died,	7 7 5	10	17 11
Remaining 12th June 1837	58	46	104

#### LIST OF

## OFFICE-BEARERS

1837-38.

DAVID BEATSON, Esq., of Kirkpottie, Chairman.

## DIRECTORS.

#### 1. EX OFFICIO.

The Right Honourable The EARL of KINNOULL, Lord Lieutenant of the County of Perth.

ADAM ANDERSON, Esq., Sheriff of the County of Perth.

HUGH BARCLAY, Esq., Sheriff-Substitute of the County of Perth.

ROBERT MATHEWS, Esq., Lord Provost of the City of Perth.

JAMES M'LEISH, Esq., Dean of Guild of the said City.

JOHN GRAHAM, Esq., First Bailie of the said City.

R. H. Moncrieff, Esq., President of the Society of Procurators.

DAVID MILLER, Esq., Convener of the Trades of Perth.

The Rev. Andrew Gray, Minister of the West Church of Perth,

#### 2. LIFE DIRECTORS.

DAVID BEATSON, Esq. of Kirkpottie.

THOMAS BEATSON, Esq. of Mawhill.

JOHN MURRAY, Esq. of Cordon.

WILLIAM PEDDIE, Esq. of Pitcullen Bank, Writer, Perth.